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THE CHECKMATE PROPOSAL

A Plan for the Partial Containment of the AIDS Epidemic

A Summary of the Book in Progress.

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(Condensed Sidebar) results.

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THE CHECKMATE PLAN IN BRIEF

AIDS, the fatal new venereal disease, confounds public health measures by its long incubation period before symptoms (often three years or more). Sexual motivations, intense and mysterious, likewise confound the issue; millions of people are continuing to take chances in their sexual encounters, and more and more are becoming infected.

Disturbingly, many people do not want to know whether they carry the virus. And most disturbingly, a few willful infectors are spreading the virus intentionally.

There exist fairly reliable AIDS tests, but no clear way to use them to benefit the population at large. Many oppose any testing, on various grounds. Most proposals for mass AIDS testing are adversarial and propose huge registries of the infected-- almost impossible to maintain and unlikely to have much preventative effect. And politicians (possibly fishing for dictatorial powers) are calling for mass testing and quarantine.

Here is a reasoned alternative, somewhat different from the usual way of thinking. We believe all persons of

good will can unite in agreement on this new method.

The Checkmate Proposal is a design for a system and a campaign: a campaign in which all may participate, without blame or visible virtue, uniting to stop the plague by a sexual contact curtain between the infected and those still free from the virus.

We propose a specific type of testing center and a particular way of presenting the test results.

The plan does not seek to pursue the carriers, which is hopeless; it is a method by which individuals may protect themselves. Under the plan it cannot be proven that any individual has failed* the AIDS test; but those who pass the test may prove it, in private, to potential spouse or intimate. Thus its name, the Checkmate Plan.**

* Note: the terms "positive" and "negative" are confusing to many people in this context, since a "positive" AIDS test means bad news and a "negative" AIDS test means good news; the frequent use of these terms can make reasoning difficult. Thus we are avoiding the use of the terms "positive" and "negative" entirely.

** TRADEMARK NOTICE. The system described here requires an international trademark for recognition and certification of services under supervision of a non-profit body. Subject to legal investigation, we claim the service mark "Checkmate" for the disease-control plan which we offer here, until such service mark can be transferred to such a body.

1. INSTANT PARTICIPATION.

Anyone may participate instantly in the Checkmate Plan; all are welcome. The

plan is open to the old, the very young, husbands, wives, priests and great-grandparents; as well as to the sexually active.

To participate in the plan, you simply wear the Membership Pendant to show support of the program and remind everyone who sees it of the danger.

The Membership Pendant bears the Checkmate symbol and these words, in any language:

STOP THE SPREAD OF AIDS WITH A CONTACT CURTAIN.

You may buy such a pendant, make one, or obtain one by being tested at one of the special testing centers proposed in the plan.

2. THE SECRET OF SUCCESS.

There is a second kind of pendant. A person who passes the AIDS test receives the passing pendant, a pendant which may be opened. This contains the person's picture, the words NO AIDS and the date, and a verification code allowing this to be confirmed by telephone.

This fact of passing the test is secret and private information, under control of the person who passed. The passing pendant cannot be distinguished from the membership pendant except by opening it.

If you fail the test, and are found to be carrying the AIDS virus, you are issued an ordinary Membership Pendant; and the testing center destroys any evidence of your test. There is no evidence of failure. Thus failure too is a secret, similarly under the control of the person who failed.

3. THE INTIMATE INQUIRY

Persons who are contemplating marriage,

or other intimate contact, may ask to see the contents of the other's pendant. This is a private matter; you only show it in return for seeing someone else's.

There are several possible outcomes.

A. Both learn that they have passed the test. Subject to certain qualifications, they have grounds for believing they may have a safe relationship.

B. Only one has passed the test. This encounter is the center of the system. The one who has passed will see immediate grounds for caution, and may choose not to become intimately involved with the other.

C. Neither has passed the test. If neither pendant opens, either party may be an AIDS carrier, and may know it or not know it. Thus for this pair the situation is exactly as it is now, without the system.

If both know themselves to be AIDS carriers, this leads to a special case with other benefits: they may communicate this by a succession of hints; and they may also choose to continue the involvement in the light of that knowledge.

4. IT MEANS WHAT IT MEANS.

Additional complications result from the fact that the AIDS test has a seroconversion delay, not necessarily showing the presence of the disease for several months. Under the system this can be dealt with by common sense, taking into consideration the length of time since a possible exposure may have occurred. This requires trust and knowledge of the other person. Reasonable caution could involve waiting a number of months, and then retesting, before intimacy. (The person who presents several passing pendants can give some indication of having been consistently concerned

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about AIDS over a period of time.)

The system is not perfect because the test is not perfect. Intimacy will always be a matter of judgment and risk (because of such problems as false negative, seroconversion period, and the possible risk-taking character of the wearer), but at least intimacy becomes subject to the best evidence available, while no one is penalized either for carrying the AIDS virus or for not taking the test.

5. PRESSURE FOR TESTING.

This system is designed to draw more and more people into itself.

Public visibility of the pendants creates pressure to wear pendants.

The wearing of the pendant, in turn, creates psychological pressure to be tested: casual participants, who begin only by wearing the Membership Pendant to be supportive or accepted, will feel a pressure to be tested-- particularly if they hope for closeness to persons who have passed.

6. "NONE OF YOUR BUSINESS."

If anyone unwelcome asks to examine your pendant, the answer is, "None of your business." No one has a right to see if your pendant opens.

The system is based on testing status remaining a private fact; if you want the system to work, you will help remind everyone of that. To reveal that you have passed will cheapen the system. (If everyone who passed were to reveal it, the system would break, but there is reason to expect mutual agreement on maintaining this ethic.)

7. THE MORAL ISSUE.

Some people talk as if "morality" is chiefly concerned with what sexual acts people perform, and whether the people are married or not. Such concerns are of no consequence today and must be set aside at once. Today's moral issue is not to expose any more people to the AIDS virus.

Therefore morality consists in finding a system which will be the most effective in preventing the spread of the disease.

Any distraction based on disapproval for people's sex acts is totally irrelevant. This system is unbiased as to sexual practices. It is in everyone's vital interest that even the most disdained-- however promiscuous and perpetrating whatever practices-- not be infected. For more people to be infected increases the universal risk.

8. THE BEST USE OF THE ONLY EVIDENCE.

The only direct evidence possible as to one's AIDS status is the AIDS antibody test. The Checkmate system proposes a method for presenting test results only to those with a need to know.

This system consists of a public participation token and a private disclosure token. It (1) permits the evidence to be used to verify the safety of possible intimacy; but (2) prevents the use of this information to stigmatize others, either those who carry the virus or those who have not taken the test.

We propose that this system, by providing beneficial information to motivated individuals rather than derogatory information to adversary bureaucracies (which must spend huge amounts of money on enforcement) will make by far the best use of the information and get the most payoff from the testing resources.

9. THE SENSE OF DANGER AND HOPE

This plan should not give anyone a feeling of safety, but should foster a sense of hope.

All parties in society can benefit from this system in different ways, and all persons of good will should be able to support it without conflict. The system should spread public awareness of the problem and alertness to it. The system should increase everyone's caution, making everyone constantly aware of the danger that is now everywhere. It should reduce the taking of chances, implicitly urging everyone not to take chances, but also providing the best information when they do.

Someone who has passed the test is given tangible evidence of a priceless asset-- the state of being free from the AIDS virus. This person is constantly reminded of the asset and its value, every time he or she puts on the pendant, or feels it, or sees it. And under the system, this asset can be defended, without wholly curtailing romance or the seeking of suitable mates.

Thus there is a category of individual we may call the willful infected.

10. A PLAN FOR THE PEOPLE.

Governments and police cannot find and control the growing millions who carry the virus. Writing down people's names does nothing to halt the spread.

We propose a method by which individuals may protect themselves, using the best evidence.

Let governments do what they will; this is a plan for the people, whereby individuals may strive to protect themselves and others.

At the same time, risk-taking appears to be continuing among the public at large. While large pockets of the middle class have reduced their variety

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(The Checkmate Proposal: MAIN TEXT)

WELCOME TO THE WORLD OF AIDS

An extremely unpleasant story is making the rounds. It seems a man met a beautiful woman in a dance hall, and they spent a wonderful night together at his apartment. When he awoke she was gone, and written on the mirror it said:

WELCOME TO THE WORLD OF AIDS.

And it was true, goes the story, because she had infected him deliberately.

It doesn't matter if this awful story is true or not; there is some truth in it. The fierce new combination of sex and death brings out surprising behaviors. Throughout America, and recently in Europe, a few AIDS carriers are making headlines by continuing to have sex with strangers, intentionally spreading the disease.

Thus there is a category of individual we may call the willful infector. There is no reason to suppose, however, that AIDS has any kind of mad-dog effect, or that AIDS carriers are at all worse than the other people; but rather that it represents a new form of the commonplace, normal and widespread tendency to hurt other people-- there are, after all, rapists and shooting-spree killers in the AIDS-free population.

THE SPICE OF DEATH

At the same time, risk-taking appears to be continuing among the public at large. While large pockets of the middle class have reduced their variety

of sexual outreach, many groups appear to be behaving much as they did before, and there is a widespread sense of "It won't happen to me."

In addition, there is some indication that the taking of chances is sexually arousing. There are those we may call wishful riskers, who hope they will not get the disease; and, more compulsively, there appear to be willful riskers, who behave as if they hope to get it.

Of course, many wishful riskers are by now, without realizing, wishful infectors, a fourth category.

Moreover, it is frightening to be tested. It is also inconvenient, sometimes expensive, sometimes humiliating. If you fail, not only must you deal with that scathing news, but with possible insurance cancellation, loss of job, eviction, and much more.

In addition, many people say they don't want to know if they are carrying AIDS. The reasons are simple: if they have it, nothing can be done anyway; if they have it, they "don't want to spoil the time left" before symptoms appear by anticipating the disease; and insidiously, if they knew they were carriers, it would place them under an obligation to sexual partners-- an obligation that now, not knowing, they feel they need not acknowledge.

Plainly what we have here is not in any way a conventional medical problem.

The various often-heard proposals may be medically sound but are not being widely accepted, except in the most cautious segments of the population. Abstinence, condoms and "safe sex" have all gained in practice if not in popularity; but it is not clear that they will have any serious epidemiological impact.

Sex with a new partner is rather like Russian roulette, but with more bullets in the gun every night. Having fewer sexual partners is one proposed

solution. But the question is not how many sexual partners one has, it is whether one of them is infected.

"Marriage" is often proposed as a solution. This is naive. To marry is not a solution, it is the same problem, since any potential mate may be a carrier.

POPULAR TESTING STRATEGIES

There is a widely-used test for AIDS infection, which has reasonable accuracy ("99.5%" is sometimes quoted). Indeed, the only possible evidence about a person's AIDS status is from such a test. But how may the results of these tests best protect the uninfected public?

The different strategies that have been publicly proposed are peculiar and not encouraging.

0. "DON'T TEST, WE'RE ALL IN IT TOGETHER." This interesting strategy is widely voiced in the gay community, but may also be heard among heterosexuals. This view suggests that there is some sort of moral obligation to refrain from being tested. Since, according to this view, the results of AIDS tests will be used to discriminate against those who fail, this position expresses and enforces solidarity within a socially and sexually united community.

"We're all in this together" is generally followed by arguments about test inaccuracy, seroconversion delay, and other fatalistic risks, which are thought to have the cumulative effect of nullifying any reason for testing.

This is a curious view, for it jumbles together several different problems: a very reasonable concern for the fair treatment of AIDS carriers, a real concern for the technical difficulties of testing, and a medically inane notion of deliberately not finding out

the most we can.

1. TEST VOLUNTARILY AND PROPAGANDIZE.

This is the current solution: to hand out leaflets, keep the test voluntary and facilitate its use somewhat (for instance, by setting up centers where the test may be taken anonymously).

This proceeds according to what we may call the Public-Health model of how to test for AIDS. Unfortunately, this approach suggests a level of rationality in the public which appears to be clearly missing.

3. DO AGGRESSIVE AND ADVERSARIAL MASS TESTING

There is an increasing outcry to "do something," largely coupled with homophobia and the assumption that the epidemic is someone's fault. (An outcry to "do something" has always been a political blank check.) This view, now being advocated by some of the more demagogic politicians, demands mass public testing and branding of those found to have the virus, or quarantine, or "dumping them on an island somewhere."

This would be wryly amusing (considering that authorities now estimate a million and a half infected) if it did not foreshadow more implementable and hence more dangerous (if not more useful) repressive measures. It also suggests that times of vigilante action and mob hysteria are not far away.

We may call this the Public-Enemy model of how to test for AIDS.

3. VOLUNTARY TESTING WITH STRATEGIC DISCLOSURE N ONE GROUP

What we propose here is yet another model; based not on public-health or public-enemy models, but based on a private-information model: that your passing the AIDS test is a best treated as a private asset, no more to be revealed than your bank account.

those participating. Even if adopted,

We propose a system which is designed to do a number of things:

encourage and apply pressure for universal testing;
promote means of self-protection between potential mates and lovers;

create a larger and larger pool of people who know they do not have the virus and are securely able to avoid it in the future;

and administer mass AIDS testing without adversarial enforcement--

while not discriminating against carriers.

This system has one goal only. The goal is to prevent the spread of the virus between those who carry the virus and those who have not been exposed.

This is its only purpose; and it is designed not to punish, humiliate or discriminate against those who carry the virus.

A STRATEGIC PROPOSAL

This proposal has little to do with medicine, or with such important issues as finding a cure or a vaccine, methods of treatment or the public means to pay for them. It has to do with one issue only: halting the spread of infection.

To participate in the plan, you simply do the following: you agree to be tested at one of the special testing centers proposed in the plan. This is a strategic proposal, having to do with disclosure, bluffing and trade. If you can understand stud poker, the police lineup and the two-key system for missile launch, you can understand this system.

It is a system of bluffing and trade. It is a system of bluffing and trade. It is a system of bluffing and trade.

On it are these words in any language: STOP THE SPREAD OF AIDS WITH A CONTACT CURTAIN.

EVEN IN ONE CITY, EVEN IN ONE GROUP

This plan has the particular advantage of being potentially beneficial on a small scale.

THE TEST AND THE RESULTS

Even if it were only in one city, or one social group, we believe that this system would improve the chances of

those participating. Even if adopted, say, only by college students, or in the city of Minneapolis, it would probably save lives.

But if this system can be adopted world-wide, it will provide a basis for the considerable slowing of the spread of the epidemic.

A CONTACT CURTAIN

This system has one goal only. The purpose of this system is to create a sexual contact curtain between those who carry the virus and those who have not been exposed.

This is its only purpose; and it is designed not to punish, humiliate or discriminate against those who carry the virus.

INSTANT PARTICIPATION.

Anyone may participate instantly in this plan. All are welcome.

To participate in the plan, you simply wear a pendant bearing the Checkmate symbol. It can be a fake or imitation, or decoratively-covered object that might contain one. You may wear as many as you like at once. You may buy such a pendant, make one, or obtain one by being tested at one of the special testing centers proposed in the plan.

On it are these words in any language:
STOP THE SPREAD OF AIDS WITH A CONTACT CURTAIN.

THE TEST AND THE RESULTS

Being tested is strictly voluntary. The individual goes to a special

testing center, also part of this proposal, to take the AIDS antibody test. Repeated testing, over periods of months and years, will be the choice of many participants. (Whether the individual pays, or some other body, may vary from center to center or from country to country.)

The ~~center~~ receives the results as follows:

testee X

The person who passes receives a pendant which may be opened. This pendant cannot be distinguished from the ordinary Membership Pendant except by opening it. It has a private passing token inside, consisting of the person's photograph, the words NO AIDS (in French or Spanish, it will say SIDA NON or NO SIDA), the date, and a verification code.

A record is kept of each person who passes (and the date); but this record of passing is not publicly available, and indeed no master listing need be kept.

A verification code allows the fact of this individual's passing on this particular date to be verified by telephone (but not by anyone simply inquiring about the individual by name). The telephone number for such verification will be widely available.

If you fail the test, and are found to be carrying the AIDS virus, you are issued a pendant identical to those which are sold publicly, and no record is kept to show that you took the test, although the number who fail is tallied.

Special machinery ensures the destruction of the photograph that would have gone in the pendant if you had passed.

The film bearing the pictures of those who succeed is retained, both for verification and the manufacture of replacement pendants on request.

All records of clients who fail-- i.e., their photographs-- must be immediately destroyed or those at the greatest risk

will refuse to be tested. This part of the operation must be an integrated aspect of the design of the testing center. (If public-health interviews are taken of testees at the centers, they cannot be associated with the names of any who fail.)

THE KING-OF-DENMARK PRINCIPLE.

An interesting historical parallel will help in thinking about this system.

Under the Nazis, when Jews were ordered to wear a yellow star, the King of Denmark himself wore the star in public. The Danish people at once understood, they all wore yellow stars, and so the Nazis were unable to find the Jews among them.

The principle is that those who voluntarily show a disadvantageous, derogatory or dangerous public token protect those who can show no other.

This plan adapts that principle to results from the AIDS test, as follows: anyone may wear the membership pendant, and so carriers of the AIDS virus cannot be found and persecuted.

However, it is important to recognize some ramifications of the proposed method.

1. If there were only pendants showing you had passed, people would not take the test, since if they failed, they would not get pendants, and, if someone knew that you had taken the test, they would also know whether you passed.

If there were two types of pendant, indicating either that you had passed or failed, this would be equivalent, since no one would wear the failure pendant anyway.

2. If pendants were only issued to those who took the test, then by bullying methods it would be possible for anyone's test status to be exposed,

by seizing people's pendants to check them.

3. But if everyone is free to wear a non-revealing pendant, and the test-passers do not brag about having

passed, the system can work for all. of those who have passed the test, with pictures of all the failers having been blasted out by flashes of light.

This represents only one possible method, but we will describe it in

THE TESTING CENTERS

The pendant is what the client gets. The function of the testing center, then, is to verify the client's identity, test the client, manufacture the passing pendants, and destroy all records of individuals who failed the test. Let us go through these points in detail.

Given this structure for the delivery and record-keeping of test results-- success pendants and minimal records kept only of those who succeed-- the testing center needs to have an exact and particular form of operation.

Indeed, the centers must be mass-produced. Should this plan take hold fully, hundreds of thousands of such centers would be needed around the world, at the lowest possible cost.

It will be vital to build this as a reliable, turnkey, off-the truck system which may be operated by diligent non-medical professionals with minimal training.

Thus thoroughly streamlined methods are required, to be operated as automatically as possible with automated testing systems and automated pendant manufacture, all using as raw materials a system of completely modular supplies-- of chemicals, photographic cartridges, pendant materials, etc.

A POSSIBLE PHOTO-AND-RECORD SYSTEM

The record of who passes the test might be kept by computer, and we are not ruling this out. However, we will assume a simpler record-keeping design: that the only records kept are long strips of photographic film which when developed contain only the photographs of those who have passed the test, with pictures of all the failers having been blasted out by flashes of light.

This represents only one possible method, but we will describe it in detail for completeness' sake.

It may be that existing industrial cameras can be modified for use in the system; but it is more likely that a system will need to be specially engineered, particularly for the computer-controlled backspace, flash, and holographic projection.

THE COMPUTER SUBSYSTEM

Given the simple film-based record-keeping described here, the computer system required for it would be extremely simple, simply for bookkeeping and ticketing and backspacing the camera. It need have no more power than an Apple II, and indeed may just be a few chips attached to the camera mechanism.

THE CLIENT'S WALK-THROUGH

The testing center has a number of operations. These are:

- confirming client identification
- receiving payment (or other form of currency, public assistance scrip, etc.)
- photographing the client with the identification
- performing the test
- manufacturing the success

pendants

destroying the failers' wait,
photographs

distributing the pendants of
both types.

What follows is a description of one possible system of client flow, equipment design and pendant manufacture. These are not fixed and could of course evolve.

Here are the main events as a client passes through the testing center.

At the first window, the testee presents identification, which is scrutinized carefully. It is either accepted or rejected, in which case the testee must leave.

When the identification is accepted, the client pays (or presents welfare scrip, or whatever counts as justifying delivery of service).

A photograph is now taken which includes this identification, much like a supermarket check-cashing photograph. The photograph should be taken (and lit) for maximum recognizability (possibly front-and-side).

So that all who take the test may be smoothly processed alike, the identification check and photograph are taken before the test results are finished. This also forestalls haggling over identification after the test results are decided.

After the photograph is taken, the client is given back the identification, and receives a printed ticket with a temporary code (such as R23), which is now the key to the rest of the operation. The ticket has several parts, to be used for identification of blood sample and pendant.

The testee now passes to the testing room. A technician takes the blood sample, and two parts are torn from the

client's ticket and attached to the sample. The client may now leave (to return later for the result) or wait.

The tests are performed for a batch of clients. The operators then list the results to the computerized photo-system.

With the information of who passed and failed, the computer runs through the second phase of the film recording.

Under the computer's control, the film is automatically backspaced in the camera. For a testee who passed, a holographic device inside the camera flashes a non-counterfeitable hologram trademark onto that testee's picture, together with the date, the words NO AIDS, and the verification code. (The hologram created should be capable of being contact- or projection-printed.)

On the same pass, the computer system destroys the photographs (using a flashing light) of each person who fails.

Third phase of the film recording: the film for the test batch is then developed, and prints of the remaining photographs are placed inside (or actually printed into) openable pendants. The client's last ticket-stub is affixed to the pendant temporarily, for correct delivery to the client.

DISTRIBUTION

The pendants are then taken to counsellors, to whom testees present their tickets and from whom they receive the corresponding pendants.

The testee should also have the option of being mailed the pendant, or picking it up elsewhere. This is important in case of thugs hanging around outside to waylay the client and find out the test score. It is only when leaving the testing center that the participant's true status can be judged by the pendant carried, since at a later time

the participant may be carrying a Participation Pendant acquired by other means.

THE TELEPHONE VERIFICATION SUBSYSTEM

ATMOSPHERE OF THE CENTER

What atmosphere to have at the testing center is an interesting question. One view would have it be warm but grave, with piped music and plants; and, in the waiting room, a variety of religious symbols, even (depending on the prevailing culture) candles and altars.

Another view would have the places simply as cheery and upbeat as possible. Both these approaches can be tried.

RECEIVING THE PENDANT

The receiving-point for the pendants is a very delicate part of the system. The pendant should be handed to the client by a trained counsellor, with advice for both those who have passed and failed. Counsellors should be thoroughly trained on what to say and what to expect, as this is an emotional and unpredictable moment.

Here again, religious symbols may be appropriate, and grave reminders (such as a sign saying DO NOT REJOICE, FOR OTHERS WEEP).

ENTRANCES AND EXITS

Ideally, the testing center should have several entrances, not in view of each other. This will help people who do not wish to be seen entering the testing center.

There should also be several exits not in view of each other; both so that clients can partially avoid being seen, and so that (in one extreme scenario) they may avoid bullies out to waylay them and determine their test results.

photographic trademark on the photograph
within.

THE TELEPHONE VERIFICATION SUBSYSTEM

Telephone verification should be provided as a defense against counterfeiting.

If only photographic records are kept, the Verification Center will hold a number of microfilm-reading devices and clerks to read from them. (The film records will be shipped to the Verification Center regularly. The telephone number of the Verification Center is widely published.)

If only photographic records are kept, the verification code is simply a number which indexes the photographic film.

Cost of Verification. The cost of handling verification calls cannot be absorbed by the funds for testing because demand for the two processes will fluctuate independently. Thus there must be a charge for verification. Requiring use of a credit card, however, automatically rules out the less affluent part of the population, who are perhaps more at risk. Thus paying the cost directly through the telephone call is highly desirable.

In some U.S. localities, there exist provisions for certain incoming calls to be billed automatically. (For example, the "900" area code charges the caller a certain amount per minute, most of which goes to the party called.) Similar arrangements could be used to pay for the verification service.

THE DESIGN AND MANUFACTURE OF THE PENDANT

The design of the pendant need not be fixed. Different models can be fielded. The important constancies are the outside trademark and the

holographic trademark on the photograph within.

Externally, the most important aspect of the passing pendant is that it must not reveal what kind it is. It must not show that it can be opened, even if it has been opened a thousand times. Thus a hinged or living-hinge model may be unsatisfactory because it might warp in a revealing fashion, or not close properly.

Other designs to be considered should include a sliding shell cover, secured by a nut.

The size of the pendant is impossible to decide at this point. It depends on the size of the photograph (see below). Presumably it would be between a small postage stamp and a World War II U.S. dog tag.

The pendant and cord (and especially its photograph and adhesives) must be highly resistant to heat and cold, to wetting and drying, to common foods, beverages and solvents, and to salt water.

While the cord or chain may of course be changed at the user's option, the pendant as delivered must come with a soft but rugged plastic cord resistant to sweat and abrasion and good for five years, retaining a tensile strength of over 200 pounds.

A tightening arrangement for the cord should permit it to be easily reset so as to be too tight to be pulled over the head (for swimming and other calisthenics), but not tightenable by the same method to a point of constricting the skin or choking the wearer.

Assembly of the pendant should be as simple as possible. Equipment requiring field maintenance rather than modular exchange is unacceptable.

To permit an integrated manufacturing process, several means of installing the photograph are possible. One would use the photographic emulsion(s)

directly on a plastic interior surface, and use some form of contact or projection printing to these surfaces. Another would print the photos on long strips of emulsion-coated plastic, then cut the plastic to fit into the pendant's case. (These strips might even come predrilled or otherwise fitted at intervals as required by the pendant design chosen.)

An alternative arrangement would die-cut and bond the photographs from standard rolls of photographic material.

An alternative design would allow the plain Membership Pendant itself to be opened. This might simplify manufacturing and distribution; but its effect would be to encourage attempts at counterfeiting. Given that trademark law offers in most countries a basis for preventing manufacture of imitations, it is probably best to interdict the manufacture of all comparable pendants that open.

HOW BIG SHOULD THE PICTURE BE?

The question of the picture's size is not trivial, since it determines the size of the pendant and will be a substantial factor in the cost of running the system.

Ideally, the photo should be recognizable, and the main words readable, by most persons under 35 by matchlight. This may or may not be possible; experimental data are needed.

As to the corroborating photograph of the wearer's identification data, there is little hope of that being readable by the naked eye. Therefore it is necessary that the film's resolution be considerably better than that of most photo-ID systems, in order to register such details crisply enough to be read under magnification.

PENDANT LOGIC

Use only by the right person.

Because of the value of success pendants, either to those who fear the test or to willful infectors, various precautions are necessary to avoid their becoming used by others than those to whom they are issued.

This is the reason for including the wearer's identification in the picture. It gives the viewer of the pendant some basis (aside from appearance) for confirming that the pendant is being worn by the person whose test it indicates.

THE NEED FOR IDENTIFICATION IN THE PENDANT

Positive identification is needed at the time the test is taken, and must be included as part of the passing pendant. This is for a very simple reason: the problem of possible "ringers," or stand-ins, sent to take the test falsely by those who fear the test or know they would fail it.

A photograph of this identification should be included in the passing pendant, just as identification is included in photographs taken when checks are cashed. This will permit later comparison or corroboration by any who come to examine the contents of a passing pendant.

Without corroborable identification, a pendant could be stolen by a willful infector from anyone similar in appearance. While this is possible even with the identification, the identification provides one level of protection, and users of the system should be urged at least to check the name of the wearer by other means.

IDENTIFICATION STRATEGIES

It can be argued that any identification, or none, should be

allowed. We reject this argument.

If a testee is allowed to appear with no identification, many or perhaps most testees would not present identification, for convenience or perhaps anonymity when wearing the pendant. This is neither wrong nor right, but it leads to other problems.

First, willful infectors would be more likely to search out their lookalikes to steal their pendants, with little to stand in their way once the pendant was in their possession.

Secondly, this leaves the viewer of the pendant in a particularly difficult position, having to go without verifiable clues as to the individual's identity.

Different levels of ID screening at the testing center are possible. At the high end, extremely strong ID could be required, severely reducing the client population; at the lower end, anything blatantly fraudulent could be accepted.

This is an area where rules would have to be developed with care.

Underdeveloped countries, and underprivileged groups in developed countries, tend to have weaker identification, or none at all, and the special susceptibility of these groups to AIDS should not exclude them. (In underdeveloped countries, lacking an identification system, witnesses might accompany someone to a testing center, and even be photographed with the client as a form of verifiable identification.)

NON-COUNTERFEITABILITY

For obvious reasons the contents of the pendant must not be counterfeitable with ordinary photographic equipment. A 3D white-light hologram, as on certain credit cards, seems to be the best idea; this hologram might also identify the testing center. (Note that a type of hologram is desirable which may be reproduced from the film original to the print inside the

pendant, thus authenticating both the print and the original filmstrip. This permits replacement pendants to be supplied with no special equipment. However, we do not know whether this type of hologram is feasible.)

The holographic apparatus needs to be an integral part of the camera mechanism.

REPLACEMENT PENDANTS

It is necessary to supply replacement passing pendants on request (for a charge) to legitimate holders of the passing pendant.

This is necessary for several reasons. Pendants may be broken or wear out. Furthermore, if the pendant is not replaceable, its malicious destruction or possible theft for ransom looms too large.

If the suggested filmstrip method is used, replacement pendants may be easily remanufactured at the verification centers.

However, with the mechanism proposed, it is vital that the client maintain a separate copy of his or her verification code, since a listing of the clients permitting lookup by name will not exist.

We suggest that, as a way that people may prove their testing history and personal style, replacement be available for up to five years.

THE PENDANT INQUIRY

The heart of the system is the intimate pendant inquiry, where two participants agree to examine each other's pendants. It is understood within the system that to reveal that you have passed the test threatens the system, and so this is

understood to be an intimate request, like asking to see someone's checkbook or genitalia.

We suggest that one should never show one's pendant without seeing another's, whatever the circumstances; this establishes a basis of exchange and nominal equality.

Discovering that both have passed is an auspicious (but not perfect) indication that both may well be AIDS-free. (We believe that people can be educated enough (especially as to seroconversion lag) to handle the pendant disclosure with common sense.)

If only one carries the passing pendant, that party is well-advised to refrain from further steps toward intimacy until the other is tested.

If neither carries the passing pendant, the situation is just as it is today without the system: neither knows the other's AIDS status, and either could be an unknowing carrier or a willful infector.

Either party could also be a knowing carrier with innocent intent. It is perfectly appropriate for persons knowing themselves to be carriers to ask to see another's pendant; it is a social act that one will be expected to do from time to time.

Moreover, the pendant inquiry is a way that carriers may themselves find marital or sexual partners who are also carriers. A dialogue might go like this:

"Shall we compare pendants?"

"Gee, I don't seem to have one that opens today."

"You mean you didn't take the test, or you just left your good one at home?"

"Let's see yours before we discuss this further."

"Mine doesn't seem to open

either."

"Gosh... what could that mean,
I wonder?"

"That we both failed the test?"

"Could be."

And so on, in a series of deniable but increasingly specific innuendoes.

If by such means both find themselves to be AIDS carriers, they may choose to continue the involvement in the light of that knowledge.

GAME THEORY OF THE PENDANT INQUIRY

It would be possible to draw a game-theory matrix of possible strategies in the intimate encounter; but this would be unnecessarily technical. Such a game-theory analysis would boil down to the different outlooks of different participants as this exchange approaches.

Numerous different strategies may lead to the mutual disclosure, and we should examine them individually.

The careful passer-- that is, someone who has passed the test and intends to stay AIDS-free-- wants intimate contact only with another careful passer. Thus after passing pendants are examined, the careful passer examines the date of the other's passing the test, corroborates the other's identification, and endeavors to evaluate the other's character-- especially, whether the other would take risks, lie about taking risks, or be a willful infector in disguise.

The careless passer, eager for involvement or sex, may not examine another's passing pendant directly, but may simply accept any recent passing pendant as "good enough." An even more careless passer may accept the overtures of someone whose pendant does not open, who claims the real passing

pendant got left at home, etc.

However, if the careless passer seeks involvement with a careful passer, he or she will try to appear to be also careful.

Thus the careful passer must beware of the careless passer, who may by now be a carrier.

Those with non-opening pendants, of all types, seeking involvement with a passer of any kind, are challenged to be as charming and inventive as possible in presenting reasons that it's all right to become involved with someone who isn't at that moment wearing a passing pendant.

Excuses of every kind will turn up: "I brought the wrong pendant," "It got switched on me," and so on. These may, of course, be true; but so are many other tall stories that we carefully reject in our daily lives.

The non-testee (whether or not believing himself or herself to be AIDS-free), may seek sexual encounter.

The non-testee's most desirable target for sexual advances is a passer, since the non-testee will not expect to catch AIDS from a passer. But the non-testee may well be carrying the virus.

The aware carrier with innocent intentions is an important case. Bearing the Membership pendant, this individual may be seeking only innocent flirtation and possibly intimate contact with another carrier. However, should a passer or a non-testee be too receptive, the temptation to take a chance of infecting the other might be overwhelming. This is another reason for passers and non-testees to be on guard.

The willful infector is, of course, a rare but most dangerous individual; for he or she may attempt to masquerade as a passer, may use a stolen or forged pendant, and may be particularly guileful and charming in seeking this goal, as has been reported; and all

parties (save other carriers) must be particularly alert for this character.

AUTHENTICATING THE PENDANT

A passing pendant can be stolen, forged, or acquired through a ringer (someone posing as another for the test). Therefore the examiner of the passing pendant must make several evaluations.

1. Is it the same person? The first level is simply to accept the person's identity on the basis of the picture. Or, using a magnifying glass, it is possible to compare the identification photographed in the pendant with whatever identification the person is now carrying (which may be the same card that appears in the pendant-- say, a driver's license). Or even further steps may be taken to corroborate the person's identity.

2. Was the test really passed? To confirm this, the verification center can be called.

CHARACTER AS SHORTCUT

Lurking behind all this is the issue of character. No one is a perfect judge of character; we err either toward undervaluing someone or overvaluing them, often pushed by wishfulness toward one or the other judgment.

However, length of acquaintance, and other forms of knowledge about the person, are legitimate contributions to trust. The problem is that they are so hard to evaluate objectively.

When considering another's pendant, it is magnanimous to say prematurely, "Okay, I'm convinced." But this gift to another may be a danger to oneself.

AUTHENTICATION AS CEREMONY

In order to encourage caution, we

suggest that the authentication of a passing pendant be considered a sort of ceremony, and that time be allotted for it. When both parties are satisfied, a toast may be drunk.

PRELIMINARIES; WHEN SHOULD PENDANTS BE EXAMINED?

Whether an individual (of whatever status) will actually go to a pendant challenge will depend on many circumstances, including fear of rebuff.

However, note that the character of the preliminaries may affect the outcome: in particular, whether the proper attitude of caution of a passer may be thwarted by a seducer in a non-passing category.

For instance, the seducer may initiate sexual preliminaries to engender excitement and anticipation. If pendants are examined at this point, the eagerness of the passer being seduced may cause him or her to set aside appropriate caution.

Thus the most appropriate time for the examination of pendants is probably at the first hint of amorous interest: asking for a first date, for example. Or, like bestowing an unanticipated kiss, a casual acquaintance may make the request as an overture.

All this is in keeping with the spirit of the system. The one thing not in keeping is to open the pendants in the sight of others; for as must be constantly reiterated, the fact of passing is a private matter.

ss must be

THE PRE-DISCLOSURE SPARRING FLIRTATION

Leading up to the pendant inquiry can take on the quality of flirtation, much like sparring over whether to go to someone's apartment in days gone by.

SEROCONVERSION LAG;
THE IRREDUCIBLE RELEVANCE OF CHARACTER

As is well known, the AIDS antibody tests measure the presence of antibodies which take time to develop. This development time is called the seroconversion period.

By usual reckoning, the test cannot detect the presence of the AIDS virus for six weeks after the virus enters the body, but it may take considerably longer. Three months is an upper figure often given, but longer periods for seroconversion have been observed.

This presents obvious complications to the program, but all fit within the realm of common sense.

The passing token never means certain freedom from AIDS. It means a passing test on a certain date.

It is in principle possible for AIDS to spread among those who have recent passing pendants (each transmitter having been actually undergoing seroconversion when the test was taken), and so additional caution is vital; there can be no sense of license for unrestricted behavior.

The styles of caution this will engender will vary greatly. As many strategies may be possible as in chess, and they cannot be covered here. (The principal fact is that the test presents a verification threshold, a base-line for further precautions.)

For a person changing lifestyle from the sexually liberal, who has had any sexual encounter within recent months, only a second test-- after, say, six to nine months-- gives full assurance of an AIDS-free condition.

Scheduling another test, as a mutually-agreed-upon goal, will be an important part of the strategy of many people, used (for instance) to establish a starting point for a relationship.

Others, still wishful risk-takers, may

accept a recent passing as sufficient clearance for a sexual encounter. This is still taking a risk, and should be discouraged by all means within the program. However, most people will agree that it is less of a risk than a sexual encounter with no such verification threshold.

Clearly, the maximum caution that could be exercised would be to lock a person up for a year after a first test, then administer another test. This does not make sense, obviously.

However, a conservative strategy built around the same philosophy could be as follows. Suppose that a couple is contemplating marriage, and both pass the test in January. They may choose to defer full contact for six months and then both undergo another test.

Obviously, this shows freedom from AIDS only if neither partner has had sex with anyone else in the meantime.

This demonstrates a fundamental aspect of the system: character judgment and trust are finally a part of it. But the use of the AIDS test for screening provides more information than is otherwise available, a sample, and a basis for trust-- rather in the way that a down payment provides a sample and a basis for trust.

For anyone scrutinizing another, a second pendant would ordinarily be required evidence, indicating a verifiable, precautionary wait between tests. But obviously this is not enough if the individual in question has been taking chances in the meantime. And so unavoidably the issue of character is raised.

CHARACTER, HISTORY, AND MULTIPLE PENDANTS

The principal things one wants to know about a prospective partner are:

1. that the person is not infected, and especially is not that most dangerous case, the

willful infector;

2. that the person is not a risk-taker, either wishful or willful.

There are various ways to judge this. One is on the basis of character type, which is outside the scope of our analysis. But the pendants of this system present a form of evidence in this area.

Wearing a pendant at all is one indication of the person's concern and caution. Wearing a passing pendant, which is not casually ascertainable, is better evidence.

But wearing more than one pendant suggests awareness of the seroconversion issue, and, potentially, a passing history over a period of time. This may suggest that an individual is concerned, cautious and committed to safety.

"NONE OF YOUR BUSINESS."

Part of the proposal is that most people who have passed not reveal that they have passed; for to reveal too easily ceases to defend the privacy of those who fail, and removes the incentive to be tested for those who fear failure. The easy revelation of such matters would make people afraid to take the test.

The system is based on testing status remaining a private fact. Thus for an individual to reveal that he or she has passed will cheapen or threaten the system. (If everyone revealed, the system would break.)

The system relies on good will and faith in this one key particular: its depending on people not revealing that they have passed.

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Many will see this need for not revealing one's passing status as a weak link. We do not believe it is.

This is a bargain entered into by those who use the system. In return for a system that will apply pressure for testing, provide a means for mutual disclosure, and deal fairly with all, the player who respects the value of the system will not show that he or she has passed, or pressure others to do so.

We are proposing a new public ethic with regard to revelation, based on the shared knowledge that revelation and bragging about passing is a bad idea. Thus:

Your pendant is your own business, and no one else has a right to see it.

The fact of passing is a private matter. It is like money in the bank: a private asset, a matter of personal failure, whose disclosure can disrupt personal relations.

To ask to see someone's pendant is like asking to see their checkbook; and it says, "I don't want the system to work."

If someone unwelcome asks to see the contents of your pendant, and you don't want to show it to them, the answer is "None of your business."

And, finally,

The opening of pendants is something to be done in private.

For the system to work is beneficial to everyone; it is diffusely beneficial to those who fail, providing a blanket shield, but it is most specifically beneficial to those who pass the test.

It is mainly the passers who are asked

to adhere to the new ethic, since they are the ones who can actually reveal that they passed; and it should be they who are most aware of the personal benefit they receive from the system.

Naturally, some will be tempted, some will open their pendants in public, some will brag. But we believe most people will want this ethic enforced.

And it can be. It is possible to enforce a shared ethic for a shared social goal. An interesting precedent is the French resistance in World War II, where widespread unspoken popular support in each town maintained a large web of secrecy (and much personal restraint) for a common goal.

Where such popular common goals are shared, it is not merely a matter of persuading each individual to abide by the ethic arbitrarily; for others, sympathizers in the plan, will help enforce this ethic with their disapproval of those who break it-- in this case, by bragging.

Thus we believe that most people will be aware of the vital importance of keeping this ethic in general, and help keep those in line who break the ethic.

There are several other ramifications which help enforce this.

Brag can be lies. Those who brag about having passed, and do not show their pendants, are suspect; it is failers who may be more motivated to brag about having passed the test.

Moreover, only one class of failer has an interest in breaking the system, and that is the willful infector.

Consequently, as a last resort, those who have passed the test may be kept in line by such slogans as these:

"Only failers brag about passing."

And

"Only an infector wants to

break the system."

"I'll Show You Mine
If You Show Me Yours."

The best way of all to enforce this is simply to publicize the classic ethic of reciprocity: only show your pendant in exchange for seeing someone else's.

PRESSURE FOR TESTING.

This system is designed to exert pressure to be tested, drawing in more and more people.

This is important because today most carriers don't know that they have the virus and don't want to know.

The disease is probably being spread mostly by those who do not want to know whether or not they are carrying the virus. This system puts pressure on everyone to find out, in order to reduce the number of those who do not know and create a contact curtain.

Public visibility of the pendants creates pressure to wear pendants. Some will wear them to be supportive; some will wear them to be socially accepted or to "look cool."

Wearing of the pendant, in turn, creates psychological pressure to be tested. Casual participants will want to know their status; further, if they are interested in closeness to anyone wearing a pendant, they will feel pressure to be tested.

Several aspects of the system need to be reiterated here, because they bear strongly on the decision to be tested:

Obstacles to testing must be made as slight as possible. The more convenient the tests, and the cheaper, the more people will try them.

Similarly, there must be no danger of negative consequences from the word getting out. It is to keep up the pressure for testing that all negative test results must be destroyed.

And, as already mentioned, if many people reveal having passed the test in public, the incentive for people who fear failing to take the test will be greatly reduced.

THE PLAN CAN BEGIN AT ONCE.

To begin the plan is to start people wearing pendants in anticipation, and begin the campaign of public preparation. This can precede the testing centers by months, although it could not (for psychological reasons) be longer than a year.

Pendants of all colors, however crude, bearing the trademark, can be distributed.

The very notion that there is hope to come may bring caution. However, it is also important that expectations not peak too soon, and that the introductory campaign be managed carefully and coordinated with a realistic schedule for opening the testing centers.

Press relations are crucial, since the press can turn on you so quickly. Phased public relations by experienced press-relations people will be vital. Presenting the plan first as a faraway hope, then (say) as a year off, and then announcing its arrival and availability, will be a delicate matter-- particularly since the demand will be enormous. It will be important to field a system at the beginning quickly.

X

X

Some have suggested that this plan will have a shock effect in the first months of full operation: that the first men and women found free of the virus will feel so relieved, and at last able to act freely, that there will be crazed orgies practically in the street.

We do not think so; that would be most contrary to the caution this proposal is about.

TRADEMARK

The system needs its own enforceable international trade and service marks for several reasons. One is to discourage fraud, another is to discourage look-alike pendants, especially of a kind that might encourage counterfeiting. Finally, it will be necessary for the certification of various products and services associated with the plan.

This also can assure that those operating the system stick to the plan, rather than introducing aspects which will undermine it-- as governments are wont to do. The threat of the international body's withdrawing the trademark will help keep the system in line.

EVOLUTION OF THE SYSTEM

Plainly the system can and should evolve. It will be important to field a system at the beginning quickly;

after that, manufacturing reliable and smoothly-operating testing centers which can be trucked (even helicoptered), and supplied with skids of modular supplies-- all this will be a substantial challenge.

A nonprofit foundation to supervise this system, funded by donations and volunteers, should work with health professionals and industry in developing the plans as well as

NIGHTMARE COUNTRY

Projections of the disease's progress are awesome. With perhaps a million and a half infected carriers now in the 1987, the United States can expect perhaps a million with symptoms and/or dying of AIDS by 1995; many millions by the year 2005, assuming that there is discovered no cure or vaccine, which is entirely possible.

The world of tomorrow is nightmare country; this new disease plays with our old motivations in shocking new ways, and presents a potential for a widespread population collapse, and perhaps social collapse as well.

We may take these horrors as they come, or seek to influence the future, trying to work toward the best possible outcome.

OBJECTIVES AND MEANS

There is one overall objective: to halt the spread of the AIDS epidemic.

The system requires a number of

HOW TO BRING THIS SYSTEM ABOUT

This is a system which can in principle be operated under governmental or private auspices, free or at a charge to individuals. It may be operated in different countries under different auspices.

Public pressure to implement the system is a vital aspect, since no one will go to the trouble of building it if there is not a good chance of its acceptance.

Development by industry of pendant and photographic systems in particular,

modular testing systems and safe disposal systems for the waste, are vital first steps. (Note that the testing centers and their components can be made by different manufacturers.)

A non-profit foundation to supervise this system, fuelled by donations and volunteers, should work with health professionals and industry in developing the plan; as well as developing such technicalities as camera and pendant equipment and software and producing turnkey, truckable testing centers; working with corporations and governments around the world to facilitate, build and distribute the system.

It may be unlikely that governments can operate such a system. The vital thing is this: that governments not stand in the way of it (for instance, by requiring registration of all who fail the test, which will cause people to evade taking the test, rather than seek to take it).

SUMMARY OF THE PLAN'S OBJECTIVES AND MEANS

There is one overall objective: to halt the spread of the AIDS epidemic.

This system design has a number of subgoals, all designed to foster that overall objective. These are:

To discourage chance-taking by constant reminders worn by as many people as possible; and to reduce the degree of chance-taking when it occurs.

To help people protect themselves from the AIDS virus by providing mutual knowledge to those contemplating closeness, marital or otherwise; to help those who seek marital partners do so carefully; and to help those who will not refrain from seeking sexual variety to take less of a chance; to

help those who pass to find each other,
and those who fail also to find each
other.

To protect the privacy and dignity of
those who fail the test, not exposing
them to public exposure,
discrimination, censure, humiliation,
brutality or vigilantism.

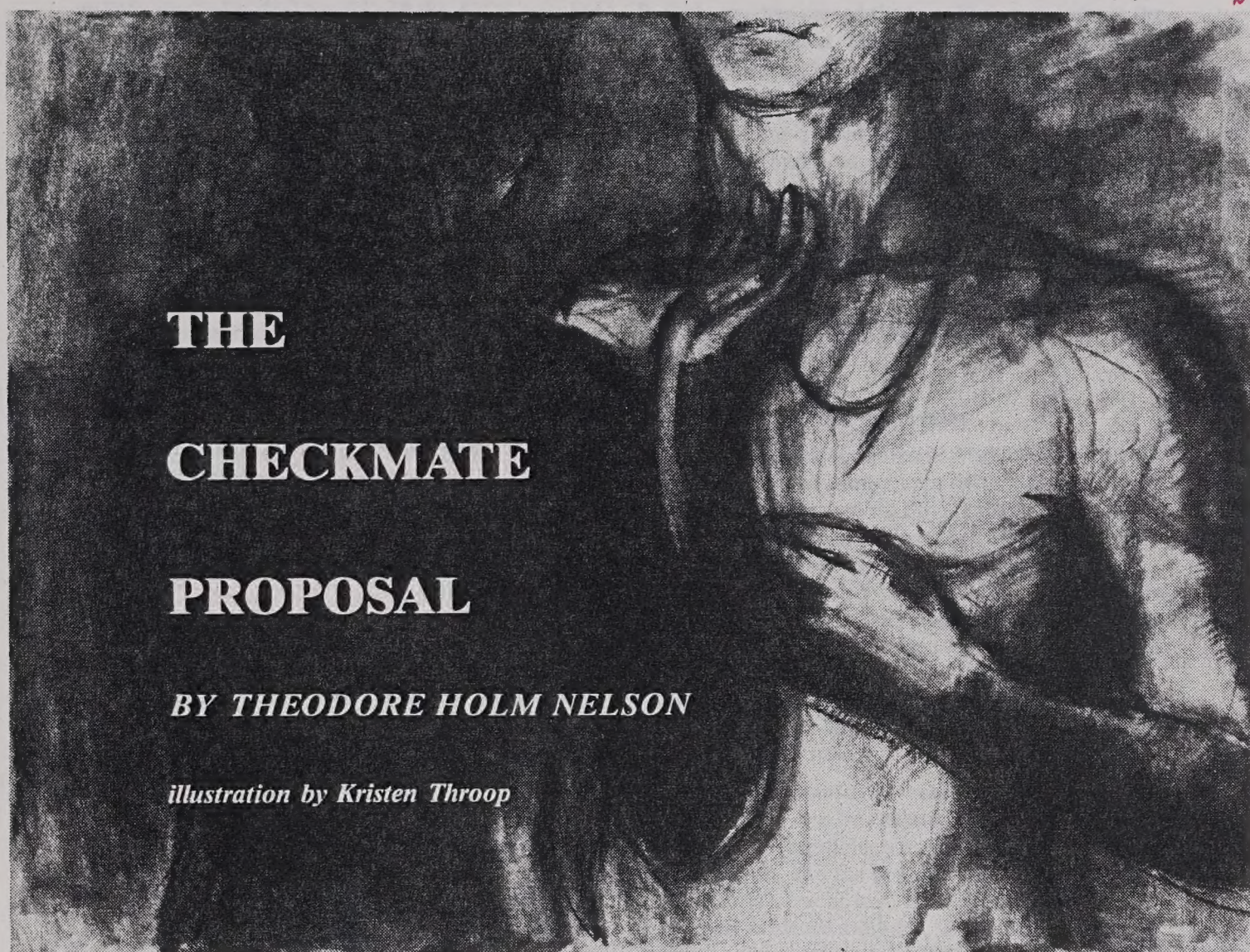
To establish a psychological perimeter
around those who know themselves not to
be infected, a group which more and
more can join for self-protection.

To create for those who pass the test a
psychological sense of a priceless
defensible asset, whose defense can be
rational and determinate, rather than
of an arbitrary, accidental condition,
as fatalistically seen by many today.

To reduce as far as possible the number
of people who have not been tested,
ideally to zero; with repeated testing
under improved conditions until as many
people as possible know their status,
and are less and less likely to change
it-- i.e., are newly determined to stay
free of the virus.

To alleviate pressures for adversary
mass testing, while at the same time
creating pressure for motivated
individual testing, reducing the pool
of those who "don't know."

To serve as a constant reminder,
heightening awareness of the danger,
yet to bring hope and optimism,
reducing apathy, fatalism, and above
all, the taking of chances.



THE CHECKMATE PROPOSAL

BY THEODORE HOLM NELSON

illustration by Kristen Throop

A Plan For Partial Containment Of The AIDS Epidemic

The Plan In Brief

AIDS, the fatal new venereal disease, confounds public health measures by its long incubation period before symptoms (often three years or more). Sexual motivations, intense and mysterious, likewise confound the issue; millions of people are continuing to take chances in their sexual encounters, and more and more are becoming infected.

Disturbingly, many people do not want to know whether they carry the virus. And most disturbingly, a few willful infectors are spreading the virus intentionally.

There exist fairly reliable AIDS tests, but no clear way to use them to benefit the population at large. Many oppose any testing, on various grounds. Most proposals for mass AIDS testing are adversarial and propose huge registries of the infected — almost impossi-

ble to maintain and unlikely to have much preventive effect. And politicians (possibly fishing for dictatorial powers) are calling for mass testing and quarantine.

Here is a reasoned alternative, somewhat different from the usual way of thinking. We believe all persons of good will can unite in agreement on this new method.

The Checkmate Proposal is a design for a system and a campaign: a campaign in which all may participate, without blame or visible virtue, uniting to stop the plague by a sexual contact curtain between the infected and those still free from the virus.

We propose a specific type of testing center and a particular way of presenting the test results.

The plan does not seek to pursue the carriers, which is hopeless; it is a method by which individuals may protect themselves. Under the plan it cannot be prov-

The always-tangled problem of protecting the integrity of an individual who has a contagious illness, while protecting society's public need to contain the infection, has knotted itself into a standstill in the case of the socially misunderstood disease of AIDS. Into this deadlock, Ted Nelson has slipped an alternative. I have my own doubts about its practicality (many on staff here think the proposal silly), but I am intrigued by his suggestion that this community issue might be helped by a communication solution. As the inventor of the information structure known as hypermedia (and author of "Computer Lib," reviewed on p. 72), Ted has framed the problem in information terms. He proposes a device that serves up user-controlled confidentiality, and at the same time serves public acknowledgment for participation. There may be other ways to implement his algorithm, and other ways to deal with AIDS testing. Consider this a first loop. —Kevin Kelly

en that any individual has failed* the AIDS test; but those who pass the test may prove it, in private, to potential spouse or intimate. Thus its name, the Checkmate Plan.**

1. Instant Participation

Anyone may participate instantly in the Checkmate Plan; all are welcome. The plan is open to the old, the very young, husbands, wives, priests and great-grandparents, as well as to high-risk groups.

To participate in the plan, you simply wear the Membership Pendant to show support of the program and remind everyone who sees it of the danger. The Membership Pendant bears the Checkmate symbol and these words, in any language:

STOP THE SPREAD OF AIDS
WITH A CONTACT CURTAIN

You may buy such a pendant, make one, or obtain one by being tested at one of the special testing centers proposed in the plan.

2. The Secret Of Success

There is a second kind of pendant. A person who passes the AIDS test receives the passing pendant, a pendant which may be opened. This contains the person's picture, the words No AIDS and the date, and a verification code allowing this to be confirmed by telephone.

This fact of passing the test is secret and private information, under control of the person who has passed. The passing pendant cannot be distinguished from the membership pendant except by opening it.

If you fail the test, and are found to be carrying the AIDS virus, you are issued an ordinary membership pendant, and the testing center destroys any evidence of your test. There is no evidence of failure. Thus failure too is a secret, similarly under the control of the person who failed.

3. The Intimate Inquiry

Persons who are contemplating marriage, or other intimate contact, may ask to see the contents of the other's pendant. This is a private matter; you only show it in return for seeing someone else's.

There are several possible outcomes.

A. Both learn that they have passed the test. Subject to certain qualifications, they have grounds for believing they may have a safe relationship.

* Note: the terms "positive" and "negative" are confusing to many people in this context, since a "positive AIDS test means bad news and a "negative" AIDS test means good news; the frequent use of these terms can make reasoning difficult. Thus we are avoiding the use of the terms "positive" and "negative" entirely.

** TRADEMARK NOTICE. The system described here requires an international trademark for recognition and certification of services under supervision of a nonprofit body. Subject to legal investigation, we claim the service mark "Checkmate" for the disease-control plan which we offer here, until such a service mark can be transferred to such a body.

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B. Only one has passed the test. This encounter is the center of the system. The one who has passed will see immediate grounds for caution, and may choose not to become intimately involved with the other.

C. Neither has passed the test. If neither pendant opens, either party may be an AIDS carrier, and may know it or not know it. Thus for this pair the situation is exactly as it is now, without the system.

If both know themselves to be AIDS carriers, this leads to a special case with other benefits: they may communicate this by a succession of hints; and they may also choose to continue the involvement in the light of that knowledge.

4. It Means What It Means

Additional complications result from the fact that the AIDS test has a seroconversion delay, not necessarily showing the presence of the disease for several months. Under the system this can be dealt with by common sense, taking into consideration the length of time since a possible exposure may have occurred. This requires trust and knowledge of the other person. Reasonable caution could involve waiting a number of months, and then retesting, before intimacy. (The person who presents several passing pendants can give some indication of having been consistently concerned about AIDS over a period of time.)

The system is not perfect because the test is not perfect. Intimacy will always be a matter of judgment and risk (because of such problems as false negative, seroconversion period, and the possible risk-taking behavior of the wearer), but at least intimacy becomes subject to the best evidence available, while no one is penalized either for carrying the AIDS virus or for not taking the test.

5. Pressure For Testing

This system is designed to draw more and more people into itself. Public visibility of the pendants creates pressure to wear pendants.

The wearing of the pendant, in turn, creates psychological pressure to be tested: casual participants, who begin only by wearing the membership pendant to be supportive or accepted, will feel a pressure to be tested — particularly if they hope for closeness to persons who have passed.

6. "None Of Your Business"

If anyone unwelcome asks to examine your pendant, the answer is "None of your business." No one has a right to see if your pendant opens.

The system is based on testing status remaining a private fact; if you want the system to work, you will help remind everyone of that. To reveal that you have passed will cheapen the system. (If everyone who passed were to reveal it, the system would break, but there is reason to expect mutual agreement on maintaining this ethic.)

7. The Moral Issue

Some people talk as if "morality" is chiefly concern-

ed with what sexual acts people perform, and whether the people are married or not. Such concerns are of no consequence today and must be set aside at once. *Today's moral issue is not to expose any more people to the AIDS virus.*

Therefore morality consists in finding a system which will be the most effective in preventing the spread of the disease.

Any distraction based on disapproval of people's sex acts is totally irrelevant. This system is unbiased as to sexual practices. It is in everyone's vital interest that even the most disdained — however promiscuous, and perpetrating whatever practices — not be infected. For more people to be infected increases the universal risk.

8. The Best Use Of The Only Evidence

The only direct evidence possible as to one's AIDS status is the AIDS antibody test. The Checkmate system proposes a method for presenting test results only to those with a need to know.

This system consists of a public participation token and a private disclosure token. It (1) permits the evidence to be used to verify the safety of possible intimacy; but (2) prevents the use of this information to stigmatize others, either those who carry the virus or those who have not taken the test.

We propose that this system, by providing beneficial information to motivated individuals rather than derogatory information to adversary bureaucracies (which must spend huge amounts of money on enforcement) will make by far the best use of the informa-

tion and get the most payoff from the testing resources.

9. The Sense Of Danger And Hope

This plan should not give anyone a feeling of safety, but should foster a sense of hope.

All parties in society can benefit from this system in different ways, and all persons of good will should be able to support it without conflict. The system should spread public awareness of the problem and alertness to it. The system should increase everyone's caution, making everyone constantly aware of the danger that is now everywhere. It should reduce the taking of chances, implicitly urging everyone *not* to take chances, but also providing the best information when they do.

Someone who has passed the test is given tangible evidence of a priceless asset — the state of being free from the AIDS virus. This person is constantly reminded of the asset and its value, every time he or she puts on the pendant, or feels it, or sees it. And under the system, this asset can be defended without wholly curtailing romance or the seeking of suitable mates.

10. A Plan For The People

Governments and police cannot find and control the growing millions who carry the virus. Writing down people's names does nothing to halt the spread.

We propose a method by which individuals may protect themselves, using the best evidence.

Let governments do what they will; this is a plan for the people, whereby individuals may strive to protect themselves and others. ■

AIDS Resources

Two sources for the most up-to-the-minute information on AIDS.

AIDS Treatment News is a biweekly newsletter best described by its own statement of purpose. "**AIDS Treatment News** reports on experimental and alternative treatments, especially those available now. It collects information from medical journals, and from interviews with scientists, physicians and other health practitioners, and persons with AIDS or ARC. Long-term AIDS survivors have usually tried many different treatments, and found combinations which work for them. [We do] not recommend particular therapies, but seek to increase the options available. We will also examine the ethical and public-policy issues around AIDS treatment research."

The second item, the **A.I.D.S. Catalog**, sells an astounding collection of resources by mail. Beside the expected range of books, they also stock complete sets of cassette tapes from the last National AIDS Conference, a selection of educational videos, on-line bibliographies (extremely valuable for research), and AIDS pamphlets in bulk.

AIDS Treatment News

John S. James, Editor
\$100/year (26 issues)
(\$32 for persons with AIDS or ARC) from:
ATN Publications
P. O. Box 411256
San Francisco, CA 94141
415/255-0588

The A.I.D.S. Catalog

\$1 from:
A.I.D.S. International
P. O. Box 2008
Saratoga, CA 95070
408/866-6303

The very short half-life of AIDS research has outpaced the usefulness of established avenues of science reporting. The dinosaur gait of publishing in most journals (two to eight months' lead time) has led researchers to rely instead on a home-brewed library of electronic bibliographies, newsletters like the **Morbidity and Mortality Weekly Report**, computer networks, and a slew of "grey literature" — unofficial papers handed out before publication for "review." **AIDS Treatment News** and several other quick-turnaround newsletters featured in the **A.I.D.S. Catalog** are by far the freshest taps on the wide stream of AIDS lore.

—Kevin Kelly

Many "AIDS deaths" are in fact unnecessary. For example, even in San Francisco many people known to be at risk for pneumocystis die of it without having had any preventive treatment — despite an editorial in the *New England Journal of Medicine* (October 15, 1987) that persons at risk should receive such treatment. And an article in the same issue of the *Journal* showed that a "salvage" therapy with two experimental drugs (trimethoprim and leucovorin) saved the lives of over two thirds of the patients for whom the standard drugs had failed. This new treatment has almost no side effects. Yet how many persons with pneumocystis have access to it?

Apparently two thirds or more of the deaths from pneumocystis could now be prevented if safe, effective (though officially experimental) treatments were used when appropriate. The basic problem is the lack of uniform standards of care. And there has been *almost no* advocacy from gay political organizations (or AIDS service groups or even gay physicians' organizations) on such matters.

—AIDS Treatment News, Feb. 26, 1988

